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# STATE OF SOUTH DAKOTA
# Statement of Legal Newspaper Ownership and Circulation

| | | |
|---|---|---|
| 1. TITLE OF NEWSPAPER: Dell Rapids Tribune | | 2. DATE: 10/1/18 |
| 3. FREQUENCY OF ISSUE: Weekly | 3A. NO. OF ISSUES PUBLISHED ANNUALLY: 52 | 3B. ANNUAL SUBSCRIPTION PRICE: $20.09 out of county $36.13 |
| 4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers): 200 S. Minnesota Ave Sioux Falls SD 57104 | | |
| 5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers): 200 S. Minnesota Ave Sioux Falls SD 57104 | | |
| 6. FULL NAME OF PUBLISHER: | | |
| 7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.<br>FULL NAME: Gannett MHC Media Inc. — COMPLETE MAILING ADDRESS: 7950 Jones Branch Dr McLean VA 22107 | | |
| 8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form. | | |

| 9. EXTENT AND NATURE OF CIRCULATION | AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS | ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE |
|---|---|---|
| A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies) | 1,457 | 2,050 |
| B. PAID AND/OR REQUESTED CIRCULATION<br>1. Sales through dealers and carriers, street vendors, and counter sales. | 316 | 264 |
| 2. Mail Subscription (Paid and or requested) | 262 | 242 |
| 3. Paid Electronic Copies | 0 | 0 |
| C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.) | 578 | 506 |
| D. FREE DISTRIBUTION<br>1. BY MAIL, CARRIER OR OTHER MEANS | 44 | 25 |
| 2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES | | |
| E. TOTAL DISTRIBUTION (Sum of C, D1 and D2) | 622 | 531 |
| F. COPIES NOT DISTRIBUTED<br>1. Office use, left over, unaccounted, spoiled after printing | 835 | 1,519 |
| 2. Return from News Agents | | |
| G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.) | 1,457 | 2,050 |

**Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public**
**I swear that the statements made by me are true, correct and complete:**

(Signature)

Regional Finance Director
(Title)

State of South Dakota )
§
County of Minnehaha )

Sworn to before me this 9 day of Oct, 2018

Notary Public

My commission expires: 11/24/20

(Seal)
RHONDA ROBB
NOTARY PUBLIC
SOUTH DAKOTA
SEAL SEAL

Form: SOS REC 051 8/2016

UNITED STATES POSTAL SERVICE®

# Statement of Ownership, Management, and Circulation
## (All Periodicals Publications Except Requester Publications)

| 1. Publication Title | 2. Publication Number | 3. Filing Date |
|---|---|---|
| DELL RAPIDS TRIBUNE | 1 5 2 - 3 8 0 | |
| 4. Issue Frequency | 5. Number of Issues Published Annually | 6. Annual Subscription Price |
| Weekly | 52 | $29.09 in county; $36.13 out of county |

7. Complete Mailing Address of Known Office of Publication *(Not printer) (Street, city, county, state, and ZIP+4®)*

200 S Minnesota Ave Sioux Falls, SD 57104

Contact Person: Josh Stahl

Telephone *(Include area code)*: 317-444-5448

8. Complete Mailing Address of Headquarters or General Business Office of Publisher *(Not printer)*

200 S Minnesota Ave Sioux Falls, SD 57104

9. Full Names and Complete Mailing Addresses of Publisher, Editor, and Managing Editor *(Do not leave blank)*

Publisher *(Name and complete mailing address)*

Cory Myers, 200 S Minnesota Ave Sioux Falls, SD 57104

Editor *(Name and complete mailing address)*

Cory Myers, 200 S Minnesota Ave Sioux Falls, SD 57104

Managing Editor *(Name and complete mailing address)*

N/A

10. Owner *(Do not leave blank. If the publication is owned by a corporation, give the name and address of the corporation immediately followed by the names and addresses of all stockholders owning or holding 1 percent or more of the total amount of stock. If not owned by a corporation, give the names and addresses of the individual owners. If owned by a partnership or other unincorporated firm, give its name and address as well as those of each individual owner. If the publication is published by a nonprofit organization, give its name and address.)*

| Full Name | Complete Mailing Address |
|---|---|
| Owner: Gannett MHC Media, Inc. | 7950 Jones Branch Drive, |
| | McLean, VA 22107 |
| Stockholder: Gannett Co., Inc. | 7950 Jones Branch Drive, |
| | McLean, VA 22107 |
| | |

11. Known Bondholders, Mortgagees, and Other Security Holders Owning or Holding 1 Percent or More of Total Amount of Bonds, Mortgages, or Other Securities. If none, check box → ☑ None

| Full Name | Complete Mailing Address |
|---|---|
| | |
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| | |

12. Tax Status *(For completion by nonprofit organizations authorized to mail at nonprofit rates) (Check one)*

The purpose, function, and nonprofit status of this organization and the exempt status for federal income tax purposes:

☑ Has Not Changed During Preceding 12 Months

☐ Has Changed During Preceding 12 Months *(Publisher must submit explanation of change with this statement)*

| 13. Publication Title | | | 14. Issue Date for Circulation Data Below | |
|---|---|---|---|---|
| DELL RAPIDS TRIBUNE | | | August 22, 2018 | |
| 15. Extent and Nature of Circulation | | | Average No. Copies Each Issue During Preceding 12 Months | No. Copies of Single Issue Published Nearest to Filing Date |
| Weekly | | | | |
| a. Total Number of Copies *(Net press run)* | | | 1,457 | 2,050 |
| b. Paid Circulation *(By Mail and Outside the Mail)* | (1) | Mailed Outside-County Paid Subscriptions Stated on PS Form 3541 (Include paid distribution above nominal rate, advertiser's proof copies, and exchange copies) | 75 | 70 |
| | (2) | Mailed In-County Paid Subscriptions Stated on PS Form 3541 *(Include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)* | 187 | 172 |
| | (3) | Paid Distribution Outside the Mails Including Sales Through Dealers and Carriers, Street Vendors, Counter Sales, and Other Paid Distribution Outside USPS® | 316 | 264 |
| | (4) | Paid Distribution by Other Classes of Mail Through the USPS (e.g., First-Class Mail®) | 0 | 0 |
| c. Total Paid Distribution *[Sum of 15b (1), (2), (3), and (4)]* ▶ | | | 578 | 506 |
| d. Free or Nominal Rate Distribution *(By Mail and Outside the Mail)* | (1) | Free or Nominal Rate Outside-County Copies included on PS Form 3541 | 0 | 0 |
| | (2) | Free or Nominal Rate In-County Copies Included on PS Form 3541 | 0 | 0 |
| | (3) | Free or Nominal Rate Copies Mailed at Other Classes Through the USPS (e.g., First-Class Mail) | 0 | 0 |
| | (4) | Free or Nominal Rate Distribution Outside the Mail *(Carriers or other means)* | 44 | 25 |
| e. Total Free or Nominal Rate Distribution *(Sum of 15d (1), (2), (3) and (4))* | | | 44 | 25 |
| f. Total Distribution *(Sum of 15c and 15e)* ▶ | | | 622 | 531 |
| g. Copies not Distributed *(See Instructions to Publishers #4 (page #3))* ▶ | | | 835 | 1,519 |
| h. Total *(Sum of 15f and g)* | | | 1,457 | 2,050 |
| i. Percent Paid *(15c divided by 15f times 100)* ▶ | | | 92.9% | 95.3% |

* If you are claiming electronic copies, go to line 16 on page 3. If you are not claiming electronic copies, skip to line 17 on page 3.

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# Statement of Ownership, Management, and Circulation (All Periodicals Publications Except Requester Publications)

16. Electronic Copy Circulation

| | Average No. Copies Each Issue During Preceding 12 Months | No. Copies of Single Issue Published Nearest to Filing Date |
|---|---|---|
| a. Paid Electronic Copies ▶ | 0 | 0 |
| b. Total Paid Print Copies (Line 15c) + Paid Electronic Copies (Line 16a) ▶ | 578 | 506 |
| c. Total Print Distribution (Line 15f) + Paid Electronic Copies (Line 16a) ▶ | 622 | 531 |
| d. Percent Paid (Both Print & Electronic Copies) (16b divided by 16c i 100) ▶ | 92.9% | 95.3% |

☑ **I certify that 50% of all my distributed copies (electronic and print) are paid above a nominal price.**

17. Publication of Statement of Ownership

☑ If the publication is a general publication, publication of this statement is required. Will be printed in the October 03, 2018 issue of this publication. ☐ Publication not required.

| 18. Signature and Title of Editor, Publisher, Business Manager, or Owner | Date |
|---|---|
| | |

I certify that all information furnished on this form is true and complete. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including civil penalties).



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